Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 1 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: SONIA M. ROSADO VALLE Participant's Name: Participant's Address: 491 CALLE SEGOVIA URB. VISTAMAR, CAROLINA
P.R. 00983
Participant's Email Address: Soniar Sado 2015 agmail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: ETIREMENT SYSTEM PENTION CLAIM Nature of Claim: Title (if Participant is not an individual) 8/14/2021

Sonia M. Rosado Valle 491 Calle Segovia Urb. Vistamar, CAROLINA 00983

COURT'S CLERKS OFFICE

SAN JUAN PR 009

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 3 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Santiago Arroyo Iris Belia Participant's Name: Hc-2 5462 Comerio P.R.00782 Participant's Address: Participant's Email Address: N.A. N.A. Name of Counsel: N·A Address of Counsel: N.A Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: 59132 of Claim: un paid wages retirement signature

Tris Belia Santiago Arroyo

Print Name Nature of Claim: Title (if Participant is not an individual) Agosto 12 2021

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: <u>United States District Court</u>, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE

CLERK'S OFFICE S.DISTRICT COUR SAH JUAH, P.S.

Santiago Arreyo SAN JUAN PR 009

Iris Belia

HC2 5462

San Juan, P.R. 00918-1767

office, 150 Ave. Carlos Chardon ste.150

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Pro se Notices of Participation Page 5 of 102

Participant must provide all of the information below in English:

| 1. Participant's of if any: | contact information, includ | | | |
|------------------------------|----------------------------------|--|--------|----------------|
| Participant's Name: | Vanessa Per R-11 Calle 29 | rfetto Per | ales | |
| Participant's Address: | R-11 Calle 29 | Jard- de Car | Parra | Ban P.R. Or |
| Participant's Email Address: | vapepelyahi | 50.com | | |
| Name of Counsel: | | | | |
| Address of Counsel: | | | | - |
| Email Address of Counsel: | | 87 | | |
| 2. Participant's C | laim number and the nature | e of Participant's Cla | im | |
| Claim Number: | 122810 | o o i i artioipant s Cia | 1111. | |
| Nature of Claim: | | | | |
| By: Vandfor | P | | Se B | |
| Signature | | | | |
| _ Vanessa P. | excetto Remles | The state of the s | - S S | 8- |
| Print Name | Property of the second | 2 | 는 그의 글 | And the second |
| | | | SE V | [7] |
| Title (if Participant is n | ot an individual) | | 36 | 6 |
| 08/13/2021 | | and a | | |
| Date | Destruction of the second second | | | |
| | | | | |

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

| NAME | CLAIM# | DATE FILED | DEBTOR | ASSERTED CLAIM AMOUNT |
|------------------------------|--|--|--|---|
| PERFETTO PERALES, VANESSA | 122810 | 6/28/2018 | Employees Retirement System of the Government of the Commonwealth of Puerto Rico | \$51,292.17 |
| Reason: | Proof of Claim asser Petition Legislation | rts liability associated with pe , the Commonwealth assumed | nsion adjustments that claimant asserts are payable d any obligation to make payment to pensioners or c | by ERS. However, pursuant to the Post- other beneficiaries of ERS. |
| | | | Company of the Compan | |
| | | | | |

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.

| NOMBRE | N.º DE RECLAMACIÓN | FECHA DE PRESENTACIÓN | DEUDOR | MONTO DE LA RECLAMACIÓN ALEGADA | |
|-------------------|--|---------------------------------|---|---|--|
| PERFETTO PERALES, | 122810 | 6/28/2018 | Employees Retirement System of | \$51,292.17 | |
| VANESSA | | | the Government of the | | |
| • | | | Commonwealth of Puerto Rico | | |
| | La Evidencia de Reclamo reclama una obligación asociada a ajustes de jubilación que el demandante señala que es adeudada por el ERS. Sin embargo, de acuerdo con la Legislación posterior a la petición, el Estado Libre Asociado asumió cualquier obligación de efectuar pagos a jubilados u otros beneficiarios del ERS. | | | | |
| Base para: | embargo, de acuerdo con | la Legislación posterior a la ¡ | petición, el Estado Libre Asociado asumió c | ualquier obligación de efectuar pagos a | |

RECEIVED & FILED PH 5: 36 2021 AUG 16 MES. DISTRICT COURT SAN JUAN, PR

MM. P.R. 00959

5. J. P.R. 00 918-1767

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 8 of 102

Participant must provide all of the information below in English:

1.

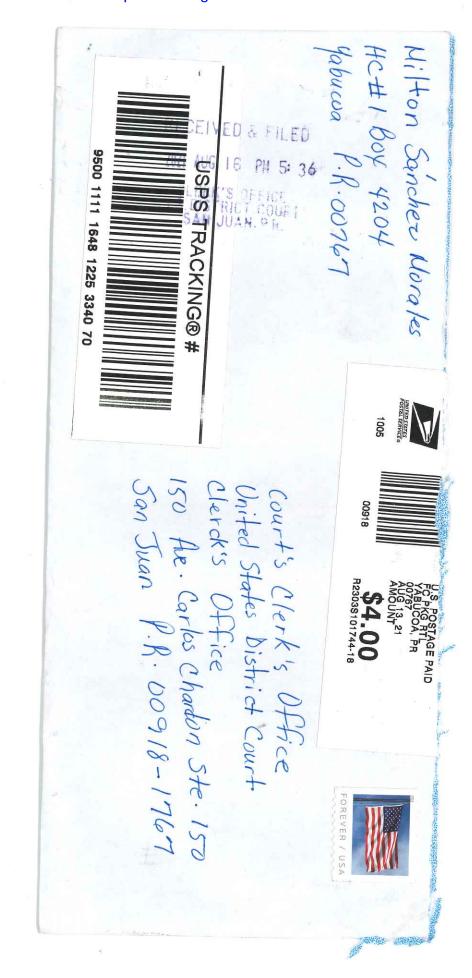
Participant's contact information, including email address, and that of its counsel,

| if any: | x |
|------------------------------|--|
| Participant's Name: | Diana Sancher Castro |
| Participant's Address: | Ext. Villa Buena Ventura Calle Diamante # 508 yahuwa P.R. 00767 |
| Participant's Email Address: | garneta 1. n. 00 16 1 |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | LAGUIUIS. |
| 2. Participant's (| Claim number and the nature of Participant's Claim: |
| Claim Number: | 17 BK 3283 - LTS |
| Nature of Claim: | I am a retire employee and I intent to participate in |
| By: Diana Sancha (Signature | Contro discovery for Commonwealth Plan Confirmation in In re Commonwealth of Puerto Rico |
| Niana Sanche | z Castro |
| Print Name | |
| Title (if Participant is | not an individual) |
| 1) de agosto de Date | de 2021 |
| | |



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 10 of 102

Participant must provide all of the information below in English:



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 12 of 102

Participant must provide all of the information below in English:

| 1. | Participant's co | ntact information, in | cludin | g email address, and that of its counsel, |
|-----------------|---|-----------------------|--------|---|
| | if any: | 1 1/2 / | • | 1.1 |
| | | Jus En Mali | 11/1/1 | BANGULT |
| Participant's 1 | Name: | my C. John | IN | Sychians |
| Participant's | Address: | HC645B | My 6 | 6421 Duyillo atto |
| Participant's l | Email Address: 🖊 | molina lucy | 2019 | 9@ gmall. Com |
| Name of Cou | nsel: | , | | |
| - 13 | ÷ | | n | a |
| Address of Co | ounsel: | | 1, | |
| Email Addres | s of Counsel: | | 74 698 | |
| | 200 100 100 100 100 100 100 100 100 100 | | 196 | an |
| 2. | Participant's C | | | e of Participant's Claim: |
| Claim Number | er: | 124505 (| last | clarm |
| Nature of Cla | im: Pmologues | Retirement! | lyste | em Ofthe Governut of the |
| By! | Mun Belan | neur | Com | unedriveather of Purto Rico |
| Signat | ture . | | | / |
| Luz | E Molina | Befaucourt | • | |
| Print 1 | Vame | 9 | | (NEW CONTINUATION |
| Cad | rdinator | | | dete \$ 10, 2031 |
| Title (| if Participant is r | not an individual) | | S 5 5 |
| 0/ | 12/2001 | | | <u> </u> |
| 8/1 | 4/2001 | <u> </u> | | कट्टमें कु |
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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 13 of 102

Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 14 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Angel Win Bookigues Morales Participant's Name: P.O. Dox 1455, Twos: 110 Alto P.R. 00977 Participant's Address: Participant's Email Address: 257 @ live. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 174008 (Last claim)
The employees refirement system of the Government Claim Number: of the commonwealth of Averto hico Nature of Claim: By: Print Name Title (if Participant is not an individual) Date Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re

Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

P.O. BOX 1455 Thus:110 Alto P.R. 00977

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Pro se Notices of Participation Page 16 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Jose Luis Admos Delado Participant's Name: P.O. Box 35 Tousillo AHO, PR 00977 Participant's Address: Participant's Email Address: 105eramos. dc+a @ gmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 159490 (Last Claim) The employees retirement system of the Government Claim Number: of the commonwealth of Puento Rica Nature of Claim: (new confirmation (date 8-10-2) Acrecdon Title (if Participant is not an individual)

2021 NUG 16 SAN JUAN. P.R 9 office,

7.0. Box 35 Trujillo 21to, 7.2.00977

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Jus, P.R. 00919-1767

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 18 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | |
|--|----------------------------------|
| Participant's Name: <u>larmen R. Pérez Ortiz</u> | |
| Participant's Address: Box 2097 Guayama, P.R. | 00785 |
| Participant's Email Address: CLPO 2910 @ Gmail Com | |
| Name of Counsel: | 11.100846. |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Claim number and the nature of Participant | e's Claim: |
| | |
| Claim Number: 17 B K 32 83 - LTS | - 1711 |
| , | ? |
| Claim Number: 17 B K 32 83 - LT 5 Nature of Claim: By: Signature | ? |
| Nature of Claim: By: Annew Rue Out | PECELV 2021 AUS SAN SAN |
| Nature of Claim: By: Signature Carmen L. Pérez Ortiz | PECELVED & F |

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Ste. 150 San Juan P.R 00918-1767 Clerk's Office, 150 Ave Carlos Chardon United States District Court's

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 20 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: | Miguel A Kodviguel Z Esport | 2 |
|------------------------------|---|-------------|
| Participant's Address: | Calle, Ruit Belvis #85 Co | ans PROOT |
| Participant's Email Address: | | |
| Name of Counsel: | <u> </u> | |
| Address of Counsel: | 25 1 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| Email Address of Counsel: | | |
| 2. Participant's | Claim number and the nature of Participant's Claim: | |
| Claim Number: | 17-3283 | |
| Nature of Claim: | | |
| By: Miguel 4 Ro Signature | drigner Espada | |
| Miguel A Ros Print Name | drignez Espada | ZOZI AUG 16 |
| Title (if Participant is | s not an individual) | Q-3 |
| 9 de Ago Date | stode 2021 | F 5: 3 |

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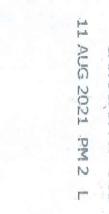
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Miguel A Rodriguez

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Pro se Notices of Participation Page 22 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Title III. Nature of Claim: By: **Print Name**

2021 AUG 16 LLIK'S OFFICE DISTRICT COUR SAN JUAN. P.R.

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Ave. Carlos Char Son Juan, t 00918-1767

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: María de les A. Concepción Veler |
|--|
| Participant's Address: HC-83 Box 6852 Veg Alk PR 00692 |
| Participant's Email Address: mconcepcion 59@hotmail. com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: |
| Nature of Claim: Public Employee and Pension Retired Claims! |
| By: While de las A. Consequin Vels Signature |
| Maria de los A. Concepción Velez Print Name |
| Title (if Participant is not an individual) |
| August 13, 2021 Date |

RECEIVED & FILED 2021 AUG 16 U.S.DISTRICT COUR SAN JUAN, P. S

San Juan, P.R. 00918-1767

Fice, 150 Ave. Carlos charden ste.

P.R. 00692

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 26 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: |
|--|
| Participant's Name: Wilfred Benikz Concepción |
| Participant's Address: HC 83 Box 6852 Vege 411 PR 0069 |
| Participant's Email Address: leoann_9@hotmail.com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: |
| Nature of Claim: |
| By: Wilfred Benifer Concepción Signature Wilfred Benifer Concepción |
| Wilfred Benifez Concepción Print Name |
| |
| Title (if Participant is not an individual) |
| August 13, 2021 Date |

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 28 of 102

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| Participant's Name: Zobeida Aponte Colon |
| |
| Participant's Address: 11/20, Hacienda El Semil, Villalla P. |
| Participant's Email Address: Zobeichaponte Agmail. Com |
| Name of Counsel: N/A |
| Address of Counsel: N/A |
| Email Address of Counsel: N/A |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 81072 |
| Nature of Claim: By: Signature Ungaid 2 lages by the government of P. + Signature |
| Zobeida Aponte Coloni Print Name |
| Title (if Participant is not an individual) 11 / agos / 2621 Date |

> RECEIVED & FILED 2021 AUG 16 PM 5: 37 CLERK'S OFFICE M.S. DISTRICT COURT SAN JUAN. P.R. 79200 H. 6550/1-61500 13 AUG 2021 PM 2 SAN JUAN PR 0.8.00918-1767

Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 30 of 102

Participant must provide all of the information below in English:

| | ontact information, including chian ad- | uress, and mai c | n its counsel, |
|----------------------------------|---|------------------|---|
| if any: Participant's Name: | Cmar A. Ortiz Mora | les p | |
| Participant's Address: | Calle Avila#1058 | R, Vis Jama | ir CarolinaPR. |
| Participant's Email Address: | omarortiz Morales 21@ guas |). Cour. | |
| Name of Counsel: | | 5 | |
| Address of Counsel: | | | |
| Email Address of Counsel: | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | e car |
| 2. Participant's C | laim number and the nature of Particip | oant's Claim | 7. C |
| Claim Number: | 17BK 3283-L+S | 3 192 | G. |
| Nature of Claim: | Promesa Titulo III | E 2 5 6 | |
| By: Color On D | Horales. | ****** 3 | 2° |
| Signature Ouav A, atz Print Name | Morales. | 2 S | E TO THE STATE OF |
| | | | |
| Title (if Participant is | not an individual) | | |
| 12-Agosto | 202[. | | |

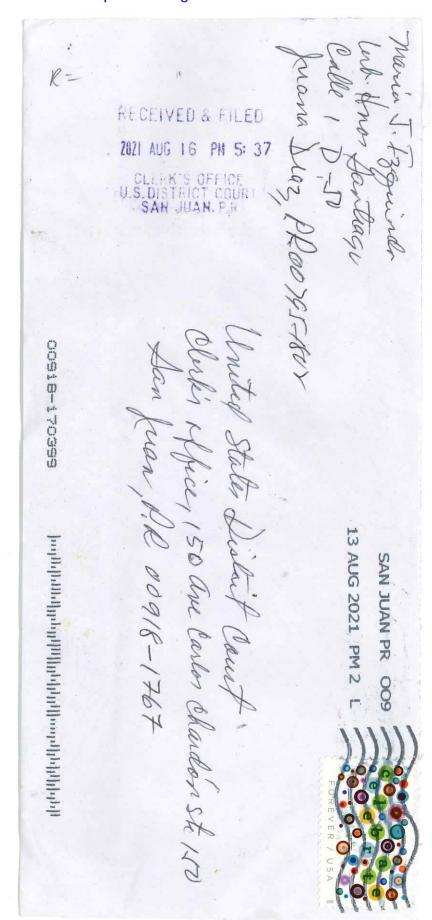
Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Pro se Notices of Participation Page 31 of 102 tomar, anding, 00903 RECEIVED & FILED 2021 AUG 16 PN 5: 37 ULERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, P.R. an Juan, P.R. 00918-1767. 00010-170000 13 AUG 2021 PM 2 SAN JUAN PR

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | |
|------------------------------|--|
| Participant's Name: | Maria J. Izquierdo Brandi |
| Participant's Address: | Urb. Hnos, Santiago 1 D-50 Juana Diez, |
| Participant's Email Address: | 0079 |
| Name of Counsel: | The state of the s |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's | Claim number and the nature of Participant's Claim: |
| Claim Number: | 56989 =================================== |
| Nature of Claim: | Based is law #12 27 de agosto de 1982. |
| By: Maur V - Ryon | Based is law #12 27 de agosto de 1982. Brancie by Sov. Carlo Romere Barcho'(RIP) It was called Romera zo" |
| Signature | · A S: |
| Maria J. 120 Print Name | guierdo Brandi |
| 1 Int I taine | |
| Title (if Participant is | not an individual) |
| august | 12,2021 |
| Date | |



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 34 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Date

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Participant's Claim:

2. Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

The same of Claim:

By:

Participant's Claim number and the nature of Participant's Claim:

The same of Claim:

Title (if Participant is not an individual)

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U.S. DISTRICT COUR
SAN JUAN, P.R.



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SAN JUAN PR 009



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 36 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: Machine Melender Corraler |
|---|
| Participant's Address: Urb. Ursta Alegre 214 Calle Drqueilea Villaba PR |
| Participant's Email Address: melenclozmadeline 316 agrail-com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: Ley 89 de 12 de julio de 1979-17 BK 3283 LTS |
| Nature of Claim: Ley de Retribución uniforme de la oficina |
| By: madeline truled top's Control. |
| Madeline Melendez Gonzalez Print Name |
| And de Salud Title (if Participant is not an individual) |
| 12-acpsto - 2021 Date |

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Inited states District Court
Cherk's Office, 150 Ave. Carlas
Chardon Ste. 150
San Juan, PR. Doglo-17167

Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 38 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | | | ~ : | | | |
|----------------------------|----------------------|-----------------------|----------------------|--------|---------|-----|
| Participant's Name: | Jesus_ | N. Diver | | . ^ | | ν. |
| Participant's Address: | | Francisco | | le Can | obna. | 00G |
| Participant's Email Addres | ss: norellys | rivera @ gr | nail. Cor | 71 | | |
| Name of Counsel: | | | | | - 1 | |
| Address of Counsel: | | | | | | |
| Email Address of Counsel | · | | | | - | |
| 2. Participant | 's Claim number ar | nd the nature of Part | icipant's Clair | n: | | |
| Claim Number: | | 200 | | | | |
| Nature of Claim: | | | H ₂ v. M. | | 177 | |
| Ву: | 1991EC 11EV | | 44 | S. DIS | CEIV | |
| Signature | | | | 100 K | EIVED & | |
| Print Name | | | | | | |
| Title (if Participan | t is not an individu | al) | | œ | > | |
| Date | | | | | | |

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SLERK'S OFFICE US.DISTRICT COURT SAN JUAN. P.P.

Clark's office, 150 Ave.
Clark's Office, 150 Ave.
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P. R. 00918-1767.

SAN JUAN PR 009



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 40 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any: Aida J. Gaston Garaia Participant's Name: HC 63 Box 3308 Pafiller, PR 60723 Participant's Address: Participant's Email Address: aida gas fin 1265 agmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual) August 11, 2021

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SAN JUAN PR 009



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 42 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| ii any. | | | | | |
|--|---------------------|-----------|--------------|--|-----|
| Participant's Name: | Parlos | Agosto | | | |
| Participant's Address: | 8007 mas | einner Ru | E. Jay | FLBU | 44 |
| Participant's Email Address: | = - agosto - S | 16 msn | . COM | | |
| Name of Counsel: | | | | | |
| Address of Counsel: | 1 | 35.52.2 | | | |
| Email Address of Counsel: | | (x) | | | |
| And the second of the second | n number and the na | | - | | |
| Claim Number: | 10.17BK | 3283 - 67 | 5 | The state of the s | -74 |
| Nature of Claim: | ProyesA | title I | II ~ | - 2 | |
| By: Carlos logosto Signature Carlos Ag Print Name Title (if Participant is not | an individual) | | SAN JUAN. PE | ECEIVED & FI | |
| Date 9-20 | 71 | | | | |

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It 150 Low Juan, D. A. 00918-1767

Office 150 aue Carlor Charlor

JACKSONVILLE FL 9 AUG 2021 PM 4 FOREY 320

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Edificio F- 401, Truzillo AHO PA 00976 Participant's Address: Participant's Email Address: adela. Walker 59 @3 mail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: The employees retirement system of the Government of the Commonwealth of Due to Aico Nature of Claim: By: Signature Auxilia de contabilidad (Acreedor)
Title (if Participant is not an individual) A900 to /2021 Date

Editaio F- 401, Two 110 AHD, P.R. 00976 17 COOPERTUS walker Jadores de Truj: 110

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 46 of 102

Participant must provide all of the information below in English:

| if any: |
|--|
| Participant's Name: OMAR B. Uslentin Albelo |
| Participant's Address: URS. Lowes VERDES, Calle Clave/3F242 |
| Participant's Email Address: Louis Veedes, Calle Clave 3F-Z4 Bayes |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 28632 |
| Nature of Claim: 11 BETIREMENT BENEATHS & |
| By: Signature Signature |
| Print Name |
| Title (if Participant is not an individual) |
| 13 de agosto de 2021 Date |

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SAN JUAN PR 009



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 48 of 102

Participant must provide all of the information below in English:

| Participant's Name: 19tzel Acevedo Aguilar |
|---|
| |
| Participant's Address: Urb Sierra Linca Callo 1 A-9 (abo Rojo P.R. 006) |
| Participant's Email Address: Vatzela 83 agmail com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 17 BK 3283 - LTS |
| Nature of Claim: Promex Title III |
| By: Miniam Igula Worten |
| Signature Signature |
| Print Name |
| Hotzel M. Geendo |
| Title (if Participant is not an individual) |
| 8-12-21 Date |
| |

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 50 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | <u> </u> | 5 8 1024 | ī | |
|---------------------------------|--|-----------------------|---------------|---------------|
| Participant's Name: | Ana Luisa S | | driquez | |
| Participant's Address: | 2J-60 Jose M. Sc | lis Urb Ba | iroa Part | s, Caguas P.R |
| Participant's Email Address | | 1 agmail. | com | |
| Name of Counsel: | T- | | | |
| Address of Counsel: | | | | |
| Email Address of Counsel: | | 10 | | |
| 2. Participant's | Claim number and the nature | of Participant's Clai | m: | |
| Claim Number: Nature of Claim: | Money owed by the Good and Pension Retir | erment of P.A. | · to Public | 18, |
| By: Una duisa Signature | Santine Rodugues | 2 2 200 | SAUS SAUS AUG | RECEIV |
| Ana Luisa Print Name | Santini Rodrigue | Z | 1800 P | ED &: |
| Title (if Participant i | s not an individual) | | | |
| Date Date | , 2021 | | | |

aguas, P.R. 00727 he 25-60, Barra

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United States District Court, Clerk's Office

150 Ave Carlos Chardon Ste. 150, San Juan, P.A.

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 52 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: | marit 24 | Rosas, | Rodes | , Will Wig |
|-----------------------------|-----------------------|-----------------------------|----------------|------------|
| Participant's Address: | Res-carre | - E4+14 | AP+ 14. | 3 |
| Participant's Email Address | s: mar +24 | 312 @ | | - |
| Name of Counsel: | MA | | | |
| Address of Counsel: | rIn | | | |
| Email Address of Counsel: | MA | i orr es sar ² o | 2000 HA 101 HA | |
| 2. Participant's | Claim number and the | nature of Participa | nt's Claim: | |
| Claim Number: | NO.17 BK | 3283 - L | -75 | |
| Nature of Claim: | Salario | | | |
| | er Ry | | | 300 CTQ |
| Signature | | | SADE N | RECEIVED |
| marit 24 | Rosus Ropes | | 203 5 | <u> </u> |
| Print Name | | | | |
| VIII | N. | | 3 | Re / |
| Title (if Participant | is not an individual) | | THE G | |
| 10-9 | 71 | (# | ယ္ဆ | |
| Date | | | | |

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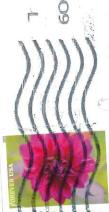
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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 54 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: · dimenez Posas Participant's Address: Participant's Email Address: Once Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: BK 3283 - LTS Nature of Claim: Title (if Participant is not an individual) 10-9-2021 Date

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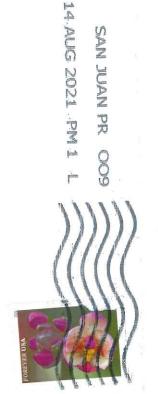
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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 56 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | |
|---|--|
| Participant's Name: | Angel L. Santiago González |
| Participant's Address: | PO Box 78 Garrochales P.R. 00652 |
| Participant's Email Address: | ryinel @yahoo. com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | The state of the s |
| 2. Participant's C | Claim number and the nature of Participant's Claim: |
| Claim Number: | No. 17 BK 3283-LTS / Promesa Title III |
| Nature of Claim: By: /// Cat Signature | Notice of entry of order establishing preliminary wonfirmation submission and discovery proceeding and freeting notice to credition of the son |
| Print Name | antiago Conzaler |
| Title (if Participant is | not an individual) |
| Date | |

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an Jaan, P.R. 00 918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: |
|---|
| Participant's Name: Iris E. Santana teliciano |
| Participant's Address: Più Grande FRico 00245 (alle 9) |
| Participant's Email Address: it is esantana leg mail. com |
| Name of Counsel: Loda Ivone Gonzallez Morgles |
| Address of Counsel: Edit. Gallando, Sau Jung PR. 00921 |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual) Title (if Participant is not an individual) |
| 12/08/2021 Date |

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 60 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | |
|---|---|
| Participant's Name: Nelida Cruy | River |
| Participant's Address: Ext Mahi la | 1951 9 g Mail. Com |
| Participant's Email Address: helly Cry | 1951 9 g mail. Com |
| Name of Counsel: | Carlo |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Claim number and the natu | re of Participant's Claim: |
| Claim Number: No 17 BK 33 | 283-LTS |
| Nature of Claim: | Sec. 2 |
| By: <u>Phélida ly Pur</u> | DISTING 16 |
| Signature | 299 200 |
| Nelida Cruz Rivera Print Name | |
| | 39 |
| Title (if Participant is not an individual) | |
| 8/13/2021 | 4 |
| Date | |

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 62 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: DOMINGO SUES Chussade |
|--|
| Participant's Address: P. O. Box 14/ Luayanal R 00 785-0 |
| Participant's Email Address: |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: No he recibido el libro |
| Nature of Claim: 1 PAOMESA TITIC 111 NO. 178K3283-TS |
| By: Simotor Tud Camel |
| Domingo Sued Caussade |
| Print Name |
| |
| Title (if Participant is not an individual) |
| 08-14-2021 |
| Date |

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1.R 00785-0141

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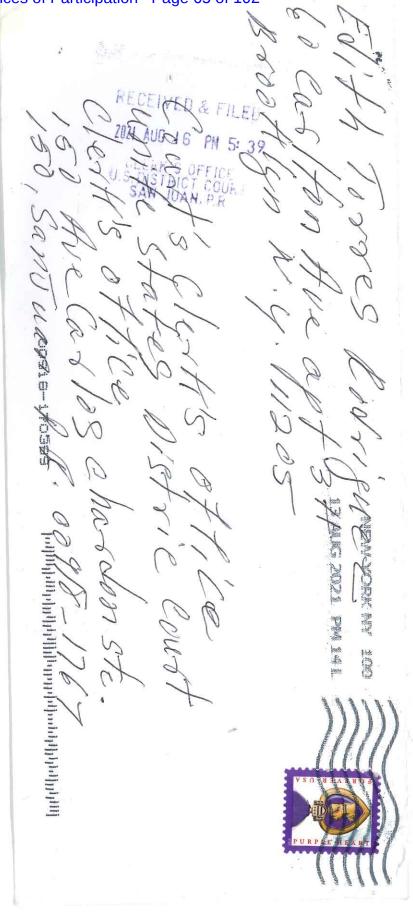
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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 64 of 102

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|--|
| if any: |
| Participant's Name: Edith formes hodrogues |
| Participant's Address: 60 Cay Ton Aveaft 3H By 11305 |
| Participant's Email Address: |
| Name of Counsel: |
| Address of Counsel: The property of the property of the control of the country of |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 61781 3283-275 |
| Nature of Glaimen Rension and I don't know if the |
| By: Clith fores hadring geben one |
| Signature / en of Lavear |
| Print Name Lods July 3 |
| Cocinera |
| Title (if Participant is not an individual) |
| $\frac{8-13-2}{\text{Date}}$ |
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| Instructions for Filing Notice of Participation: If you are represented by counsel this Notice |



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 66 of 102

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| if any: |
| Participant's Name: Marie Alvarez Beamus |
| Participant's Address: 1714 calle Hanna Fonce PR |
| Participant's Email Address: Marie Alvarez 687 at 9 mont 200730 |
| Name of Counsel: Danie August |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: Cuse No-17BK 3283 |
| Nature of Claim: |
| By: Mestaller Bernel Signature Bernel |
| Marie Alvarez Beamud 35 5 |
| Print Name |
| |
| Title (if Participant is not an individual) |
| 8-14-2021 |
| Date |



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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Pro se Notices of Participation Page 68 of 102

Participant must provide all of the information below in English:

| if any: | s contact information, including ema | ail address, and that of its counsel, |
|----------------------------|--------------------------------------|--|
| Participant's Name: | Awilda Ortiz Co | lón |
| Participant's Address: | P.O. By 67- 8 | Barronguibas P. ROM |
| Participant's Email Addres | s: awildarhiz 55@ 9 ma | ail. com |
| Name of Counsel: | | |
| Address of Counsel: | | roll and |
| Email Address of Counsel: | [sebtore, 7 | |
| 2. Participant's | Claim number and the nature of Par | ticipant's Claim: |
| Claim Number: | 104251 | S TO THE CENT |
| | | |
| Nature of Claim: | | 200 E & |
| By: Onle Out Signature | ell 2 Chi | WEST OF THE PROPERTY OF THE PR |

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Inited States District Court, Clerk 1 150 Ave Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Pro se Notices of Participation Page 70 of 102

Participant must provide all of the information below in English:

| | ntact information, including email address, and that of its counsel, |
|------------------------------|--|
| if any: | |
| Participant's Name: | Damaris tagan Alvira, |
| Participant's Address: | Urb. Las Americas DD7 calle 8 Bayamon |
| Participant's Email Address: | Xadami34agmail.com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: _ | - ALOUGET |
| 2. Participant's Cla | aim number and the nature of Participant's Claim: |
| Claim Number: | 162340 |
| Nature of Claim: | tocumulated retirement contributions. |
| By: Langar | Vension Retiree = = = |
| Signature | SARE E |
| Print Name | an Hurg |
| Preside) | |
| Title (if Participant is no | No. of the contract of the con |
| August 6 | 2021 |

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United States Destrict Carlos Charden Clark's Office, 150 Are. Carlos Charden St. 150, San Juan, P.R. 00918-1767. ·发行神 三九次是公司三、大知是人 高、在名の 在河水 三次 引声会会中にから 一分及院 元

Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 72 of 102

Participant must provide all of the information below in English:

| Participant's contact information, including email address, and that of its counsel, if any: |
|--|
| Participant's Name: Less G Sepúlveda Martinez Participant's Address: Participant's Address: Participant's Address: |
| Participant & Ivanic. AC Box 560021 Green A EN OXED |
| |
| Participant's Email Address: [U135epo[44 @ gmei]. COR |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 10 8094 1950 30 |
| Nature of Claim: Cost of Iving / Lew 92 |
| By: fer I Sofe Morty 200 5 |
| Signature /US 7/Sepulvede Mortines |
| Print Name |
| |
| Title (if Participant is not an individual) |
| |
| Date |

treatmill. P. N. 00052 -0031 2021 AUG 16 U.S. DISTRICT COURS lerks Juan, P.R. 00918 - 1767 Cherdon Ste 150 W. JUANP & DC

Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 74 of 102

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address if any: | s, and that of its counsel, |
|--|-----------------------------|
| Participant's Name: Alexis Anibal Torres | Rivera |
| Participant's Address: CALE AQUENA #139 } | 30 DUQUE NAGUARO |
| Participant's Email Address: Duon 1918 C Aducency & | DUQUE NAGUNDO |
| Name of Counsel: | PR 8078= |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Claim number and the nature of Participant's | s Claim: |
| Claim Number: | 2 2 2 |
| Nature of Claim: | |
| By: Signature Alexis A. Torres Rivera Print Name Alex A. Journaline Title (if Participant is not an individual) 12-990510-2051 | TD & FILED |
| Date | |



Participant must provide all of the information below in English:

| I car or - F | | II 7 | |
|--|--|--|----------------------|
| 1. Participant's | contact information, including | email address, and th | at of its counsel, |
| if any: | 1. | 2.2.1 | |
| Participant's Name: | Julissa Piner | vegron | JOHE NEOLIK |
| Participant's Address: | CDIE DZUCENA T | 5 Die | 1 houst PD |
| Participant's Email Address | BUDON 1918 C/ADUC | ena Bo.Dugu | <u>e noglowi</u> k (|
| Name of Counsel: | 20 <u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u> | Specific Control of Co | |
| Address of Counsel: | penois. | CO C | BET |
| Email Address of Counsel: | | 2 5 E | 5 7 |
| 2. Participant's | s Claim number and the nature | of Participant's Clair | 16 PI |
| Claim Number: | | Ref | g g |
| Nature of Claim: By: Signature Print Name | mero Negrob | | 6 |
| Title (if Participand) 19-990 Date | at is not an individual) | was and day o | ounsel this Notice |



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 78 of 102

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, if any: |
|--|
| Participant's Name: Participant's Address: Participant's Email Address: Luz V Irizany Cierorfon Po Bot 560021 Gragani II. PR occs. Participant's Email Address: Luz V . Lrizany e gmail . cog |
| Participant's Address: PO But 560021 Croagenill. PR occs. |
| Participant's Email Address: 142 V. Lrizary & gmail. Cory |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 95847 |
| Nature of Claim: By: Sunt V. Duzarry Prevantori Signature Luz V Irizarry Prevantori Print Name Salary Scale and Law 92 = 50 English Signature Signature Signature Fint Name |
| Title (if Participant is not an individual) |
| august 10 - 2021 |
| Date |

Csucyenile, Pil cocse PO BOX 5600 H 5: 40 16 U.S. DISTRICT COURT SAN JUAN, P.R. 1000 65802.1-81600 an Juan, P.S. 00518-1767

Chardon Ste, 150

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Participant must provide all of the information below in English:

| 1. Participant's contact information, including en | mail address, and that of its counsel, |
|--|--|
| | man address, and |
| if any: | O Diana |
| Participant's Name: | 5981 Maranjito P.R. 10714742 |
| Participant's Address: | V. / |
| Participant's Email Address: 787-467-30 | ę53 ———————————————————————————————————— |
| Name of Counsel: | |
| Address of Counsel: | A A STATE OF |
| Email Address of Counsel: | |
| 2. Participant's Claim number and the nature of | f Participant's Claim: |
| : 11 1/ = - / | 3-LTS |
| Claim Number: No. 17 B K 328 | |
| Nature of Claim: | 5 8 8 |
| By Vitor in Rugo Riner | \$ 0 C |
| By: Signature | 1 |
| | \$200 B |
| D. A. Nama | |
| Print Name | |
| | 6 |
| Title (if Participant is not an individual) | |
| 13-agota 2021 | |
| Date | |

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U.S. DISTRICT COURS
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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 82 of 102

Participant must provide all of the information below in English:

| | t information, including email add | lress, and that of its counsel, | |
|--------------------------------|------------------------------------|---------------------------------|-----|
| if any: Participant's Name: | la I. Santiac | go Kartinez | |
| Participant's Address: | C 6 BOX 4003 | 5 Ponce, P.P. 00731-9 | 6 |
| Participant's Email Address: | | | |
| Name of Counsel: | Li | | |
| Address of Counsel: | | | |
| Email Address of Counsel: | य श्री जाले | | 2 |
| 2. Participant's Claim | number and the nature of Particip | | |
| Claim Number: 5 | 3843 | y 503 | |
| Nature of Claim: | See attac | hment | |
| By: alu I. Soulia | of Manhings | S B 3 | |
| Signature | has they do and | AND AND A | e i |
| Print Name | nago Marniner | JEN TO | |
| Time reality | V , | POUL S | |
| Title (if Participant is not a | n individual) | | |
| August 10 | 2021 | | |

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

ATTACHMENT 1

Nature of Claims I'm claiming hours worked and accerved during my 34 years worked in the Deparment of Educar tion in Puerto Rico. hour's worked and accumulat were not paid to this ter I retired, which I'm Claiming + re Salary increase he Deparment of Education in Puerto Rico 14 pension

ones, F.R. 00731-9600

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P.R. 00918-1767

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 85 of 102

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

| if any: | |
|--|---|
| Participant's Name: | Gloria E. Coffie |
| Participant's Address: | 7902 W. Hiawathast Tampa Fl. 33615 gloriacoffie 6416 @ Yahoo.com |
| Participant's Email Address: | gloriacoffie 6416 @ Yahoo.com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's C | Claim number and the nature of Participant's Claim: |
| Claim Number: | 178602 |
| Nature of Claim: By: Signature | Claim of Promesa III (Romerazo) (\$5,200.00) |
| Print Name | |
| Title (if Participant is S 5 20 Date | not an individual) |

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Pro se Notices of Participation Page 87 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, Participant's Name: Cruz Matos Maria del Carmen 1261 36 5. E Reto. Metro. S.J. P. B. 00921 Participant's Address: Participant's Email Address: mitacruz5750@gmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: 80181 Nature of Claim: Promesa Title 111 Print Name Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

Maria del C. Craze: 17-03283-LTS Doc#: 17868-1 Filed: 08/17/21 Entered: 08/17/21 14:35:34 Desc:
Prope Notices of Participation Page 88 of 102

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United States Distric Court Cler K's Office, 150 Ave. Carlos Chardon Ste 150 San Juan, P. R. 00918-1767 MEDELVED & FILEU

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | |
|------------------------------|--|
| Participant's Name: | Oscar Rivera Rosado |
| Participant's Address: | POBOX 800375 Coto Laurel PR00780 |
| Participant's Email Address: | Oscarriverarosado Dhotmail.com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | NECE AND E |
| 2. Participant's | Claim number and the nature of Participant's Claim. |
| Claim Number: | 76129 |
| Nature of Claim: | According to the PROMESA LAW THEATH and demand 10.17BK3283-LTS, claims they payment of salary increases the bushed by LAW 89 of 1979 and that were |
| By: Signature | hever granted. |
| Oscar Rivera Print Name | Rosado |
| III Sales | |
| Title (if Participant is | not an individual) |
| August 13, 20 | 21 |

POBOX 800375 Cato Laviel, P.R. vo780-0375 San Juan, P.R. 00918-1767 150 Ave. Carlos Chardon Ste.

United States District Court Clerk's Office 14 45 0 2021 FM 1 - L

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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 91 of 102

Participant must provide all of the information below in English:

Participant's contact information : 1 1:

| if any: | contact information | on, including em | all address, and t | hat of its cour | ısel, |
|-----------------------------|---------------------|--------------------|--------------------|-----------------|----------------|
| Participant's Name: | Evelyn | Barret | Perer | | ln re: |
| Participant's Address: | 6017 Ca | le Suam | allob-Est | ves Agi | radillate |
| Participant's Email Address | evelyabarret | 019948 gm | ailcom | | 00% |
| Name of Counsel: | A <u>rdinial)</u> | | US TO LITERATE | ZZONYMOS | <u>-114</u> 7 |
| Address of Counsel: | - | | | | et al. |
| Email Address of Counsel: | | 21010213 | | | |
| 2. Participant's | Claim number and | d the nature of Pa | articipant's Claim | ı: | |
| Claim Number: | 17 BC 32 | 93-LTS | MATIONOFC | SERVICE | |
| Nature of Claim: | Rameso | - Title | 10 11 1 11 d 27 | Hart sidt M | 1 |
| By: Ewy Barr | et lever | | | 10 BU THE | r r agas |
| Signature | 100 | | often Descriptor | ALL ALL | ounds ounds |
| Print Name | eto proez | | Tresource Se | 9 S S | |
| no con all sings on | +1.1- | | P.S. | TO PER TO | |
| Title (if Participant is | not an individual | alle om an Tha | the sale that the | 5: 3 | |
| 13-0600 - | 2021 | 100 | | 507 | |
| Date | 000 | | | | |
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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 93 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| if any: | | | | | |
|------------------------------|----------------------|----------------------|-------------|------------|---------|
| Participant's Name: | Carmen | M- Rive | era v | Rver | Z |
| Participant's Address: | P.O. Bo | x 814 (|) ro (0 | vis P | 2.00720 |
| Participant's Email Address: | milira | OISagn | railio | me | : |
| Name of Counsel: | 3 | 0 | | | |
| Address of Counsel: | | | | | _ |
| Email Address of Counsel: | | | | | _ |
| 2. Participant's C | Claim number and the | nature of Participan | ıt's Claim: | | |
| Claim Number: | 17 BK32 | 83 - LT | 5 | | -01 |
| Nature of Claim: | Public Em | ployee a | ndf | ension | _Ketire |
| By: Cheli | | | | | |
| Signature | 1. Rivera F | ? Nere | 是 | ECEIVED | |
| Print Name | 1. Kivera | livera | SAN S | RHO. | |
| | | | 100 St. | Q8-2-0-774 | å |
| Title (if Participant is | not an individual) | | <u></u> | | |
| Date Date | 11,2021 | | | | |
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Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 95 of 102

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| Participant's Name: Blanca R. Puiles Nieves |
| Participant's Address: D-33 4 Urb. Hnas Dayila Bayamon |
| Participant's Email Address: Manuel 1963 Sygmail. Com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 149472 |
| Nature of Claim: Commonwealth of Tuerts Rico Case |
| By: Blancak July Views |
| Blanca R. Duites lieves |
| Print Name |
| III PRomesa |
| Title (if Participant is not an individual) |
| 9-995502021 Date Date |

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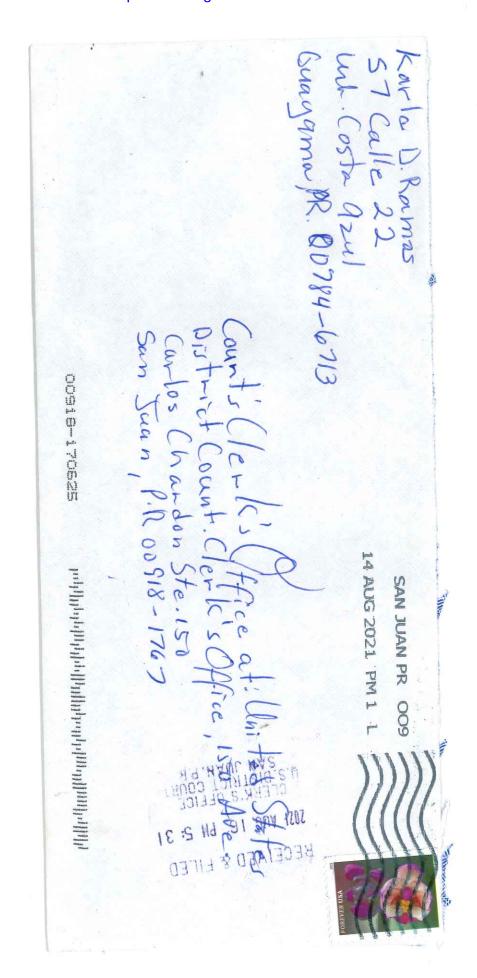
Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc Pro se Notices of Participation Page 97 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including émail address, and that of its counsel,

| if any: |
|--|
| Participant's Name: Karla D. Ramos Wreves |
| Participant's Address: Unb. Costa Azul 5 7 Calle 22 Guyama 1. |
| Participant's Email Address: Kramos 0000 g mail. com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 112 6 8 9 |
| Nature of Claim: My Public employee |
| By: |
| Signature Karla D. Ramos Vieves Print Name |
| Print Name |
| |
| Title (if Participant is not an individual) |
| Date 2021 |



Case:17-03283-LTS Doc#:17868-1 Filed:08/17/21 Entered:08/17/21 14:35:34 Desc: Pro se Notices of Participation Page 99 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| if any: | |
|---------------------------------|---|
| Participant's Name: | Nahir Damaris Rivera Vives |
| Participant's Address: | PO Box 800375 Coto Laurel PR00780 |
| Participant's Email Address: | nahir, rivera . vives Ohotmail.com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| Claim Number: Nature of Claim: | According to the PRONESA LAW Title III and demand NO. 17 BK 3283-LTS, claims the payment of salary increa established by LAW 89 of 1979 and smended by le |
| By: Lilly Killian Signature | hus of 1998; and that were never Franted. |
| Nahir Damans K Print Name | 3-12 |
| Finit Name | Si E |
| Title (if Participant is | AND |
| August 13, 200 | |

Nahir D. Rivera Vives Coto Lowrel, P.R 00780-0375 PO Box 800375

United States District Court's Ckykis Office

150 Ave. Carlos Chardon Ste. 150

San Juan, P. Rusalk-1767

14 AUG 2021 PM 1 SAN JUAN PR 009

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

| if any: | | | - | | | |
|---|------------------|--------------|--------------|----------------|--------------|------|
| Participant's Name: | liguel A. (| Hender | 2f PL | URb. B | alme | Parn |
| Participant s rudicos. | 0 | | | | | |
| Participant's Email Address:M | ickey-prtc 1 | @ hotma | 11, Com | | | 1000 |
| Name of Counsel: | | | | | | |
| Address of Counsel: | | | | | | |
| Email Address of Counsel: | | 1/4 | | | | |
| 2. Participant's Clain | n number and the | nature of P | articipant's | Claim: | | |
| Claim Number: | | | | | | |
| Nature of Claim: | | 1 10 7 20 10 | | 100 | 11.75 | |
| By: Mysul A. San Signature Mignel A. 6 | 22 | | | U.S.DI SAI | ZOZI AUG | |
| Missel A. G. | arce | | | STRIC STRIC | 9 - 9 AFD | 3 |
| Print Name | | | | 3 | 200 | 1 |
| | | | 0.7 | 225 | S F | |
| Title (if Participant is not | an individual) | | | 7 | ω - E | ţ |
| 9/Ag1/200 | 21 | | | 2.90 | | |
| Date | | | | | | |

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